



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

**BALLOT QUESTION COMMITTEE
COVER PAGE**

AMENDED

06 MAY -3 PM 2: 22

CARIELLA BARAUGH
FOR OFFICIAL USE ONLY CLERK
MICHIGAN

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: 1 1 05 To 12 31 05
Mo Day Year Mo Day Year

1. Committee I.D. Number 137553	4. Committee's Mailing Address 26017 Ronald Roseville, MI 48066 Area Code and Phone (586) 777-5205 <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>
2. Committee Name EXCELLENCE IN EDUCATION	

5. Treasurer's Name and Residential Address
CARMEL HART
26017 RONALD
ROSEVILLE, MI 48066
Area Code and Phone () 586-777-5205

6. Treasurer's Business Address Area Code and Phone ()	7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone ()
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<p>8. TYPE OF STATEMENT:</p> <p>8a. <input type="checkbox"/> PRE- ELECTION OR 8b. <input checked="" type="checkbox"/> POST- ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> PRIMARY <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SCHOOL <input type="checkbox"/> SPECIAL</p> <p>Date of Election: <u>12</u> <u>6</u> <u>04</u> Month Day Year</p>	<p>8c. <input checked="" type="checkbox"/> ANNUAL STATEMENT (<u>05</u> Coverage Year)</p> <p>8d. <input type="checkbox"/> QUALIFICATION OR <input type="checkbox"/> NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only)</p> <p>Date of Qualification or Non- Qualification: _____ Month Day Year</p>	<p>8e. <input checked="" type="checkbox"/> AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended)</p> <p>8f. <input type="checkbox"/> DISSOLUTION OF COMMITTEE Effective Date of Dissolution _____ Month Day Year</p> <p>By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.</p>
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A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Carmel S. Hart *Carmel S. Hart* 5/1/06
Type or Print Name Signature Date
Month Day Year



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

	Column I This Period	Column II Cumulative for Election Cycle
RECEIPTS		
3. Contributions		
a. Itemized Contributions (Schedule 4A, Column 6)	(3a.) \$ <u>200.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of Contributions	(3c.) \$ _____	(18.) \$ _____
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>200.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>234.59</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>NOT APPLICABLE</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>234.59</u>	(21.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>384.59</u>	
b. Itemized Get-Out-The Vote (Schedule 4B-G, Column 6)	(8b.) \$ _____	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ _____	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ _____	
e. Subtotal of Expenditures	(8e.) \$ _____	(22.) \$ _____
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ _____	(23.) \$ _____
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>384.59</u>	(24.) \$ _____
IN-KIND EXPENDITURES		
11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>234.59</u>	(25.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 4E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 4E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>698.54</u>	
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>898.54</u>	
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>384.59</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>513.95</u>	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	4. Date of Receipt <u>2-23-05</u>		
Name: ROSEVILLE HIGH SCHOOL BOOSTER CLUB Address: 17855 COMMON RD. ROSEVILLE MI 48066 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		200.00	
3. Contribution # 2	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	4. Date of Receipt _____		
Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal)		200.00	
Grand Total of All Schedules 4A (Complete on last page of Schedule)		200.00	

Enter this total
on line 3a of
Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 137553
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Rebecca Vasil c/o Roseville Community Schools 18975 Church Street, Roseville MI If over \$100.00 cumulative, please provide: 48066 Occupation Deputy Superintendent Employer Roseville Communiyt Schools Business Address 18975 Church St., Roseville MI <input type="checkbox"/> Fund Raiser 48066	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>room rental</u> 5. DATE OF RECEIPT: <u>1-11-05</u> 6. VENDOR NAME & ADDRESS: <u>Roseville Rec Center</u> <u>18185 Sycamore Roseville MI 48066</u>	\$20.00	\$20.00
Contribution #2 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation see above Employer see above Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>refreshments</u> 5. DATE OF RECEIPT: <u>1-11-05</u> 6. VENDOR NAME & ADDRESS: <u>Jet's Pizza</u> <u>10 Mile & I-94 Roseville MI 48066</u>	\$115.00	\$135.00
Contribution #3 Name and Address: Rebecca Vasil see above If over \$100.00 cumulative, please provide: Occupation see above Employer see above Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>room rental</u> 5. DATE OF RECEIPT: <u>11-3-05</u> 6. VENDOR NAME & ADDRESS: <u>Roseville Rec Center</u> <u>18185 Sycamore Roseville Mi 48066</u>	\$60.00	\$195.00

Page Subtotal
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

\$195.00

Enter this total on
line 6a of
Summary Page



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**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 137553
2. Committee Name Excellence in Education

3. Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Lynn Hutchison c/o Roseville Community Schools 18975 Church St., Roseville MI If over \$100.00 cumulative, please provide: 48061 Occupation Director of Business Affairs Employer Roseville Community Schools Business Address 18975 Church St., Roseville MI <input type="checkbox"/> Fund Raiser 48061	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>refreshements</u> 5. DATE OF RECEIPT: <u>11-14-05</u> 6. VENDOR NAME & ADDRESS: <u>Wal-Mart</u> <u>Gratiot, Roseville MI 48061</u>	\$39.59	\$39.59
Contribution #2 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		
Contribution #3 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: _____		

Page Subtotal
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

\$39.59
\$234.59

Enter this total on
line 6a of
Summary Page



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**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 137553
2. Committee Name Excellence in Education

3. Name and address of person to whom paid	4. State purpose of expenditure. 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name: Rebecca Vasil c/o Roseville Community Schools Address: 18975 Church St Roseville, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Reimbursement of In-Kind</u> <u>Contribution -LOAN</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	11-11-05	\$135.00	\$135.00
Expenditure # 2 Name: Rebecca Vasil Address: see above <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Reimbursement on In-Kind</u> <u>Contribution LOAN</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	11-3-05	\$60.00	\$195.00
Expenditure # 3 Name: Lynn Hutchison c/o Roseville Community Schools Address: 18975 Church St Roseville, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Reimbursement of In-Kind</u> <u>Contribution LOAN</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	11-14-05	\$39.59	\$39.59
Expenditure # 4 Name: Postmaster of Roseville Address: 30550 Gratiot Roseville, MI 48066 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>Permit Fee Bulk Mail</u> 5. Ballot Proposal: <u>Bond</u> County: <u>Macomb</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input type="checkbox"/> Local	11-15-05	\$150.00	\$150.00

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

384.59

\$384.59

Enter this total
on Line 8a of
the Summary
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